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PTO/SB/05-11-00

Approved for use through 10/31/2002. OMB 051-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>04704P005</b>
		First Inventor or Application Identifier <b>Scott Faber</b>
Title	AN APPARATUS AND METHOD FOR RECRUITING, COMMUNICATING	
Express Mail Label No.	<b>EL634502060US</b>	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO:
		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <b>Total Pages 32</b> (preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed )</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) <b>Total Sheets 8</b></p> <p>5. Oath or Declaration <b>Total Pages</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.</p>		
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CFR)</li> <li>b. <input type="checkbox"/> Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p>		
<b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449 <input type="checkbox"/> Copies of IDS Citations</li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</li> <li>16. <input type="checkbox"/> Request and Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</li> <li>17. <input type="checkbox"/> Other: .....</li> </ul>		

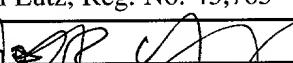
**18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:** Continuation    Divisional    Continuation-in-part (CIP)   of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application Information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number of Bar Code Label		<input type="checkbox"/> Correspondence address below *08791*			
Name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP				
Address	12400 Wilshire Boulevard, Seventh Floor				
City	Los Angeles	State	California	Zip Code	90025
Country	U.S.A.	Telephone	(310) 207-3800	Fax	(310) 820-5988

Name (Print/Type)	Joseph Lutz, Reg. No. 43,765	
Signature		Date <b>03/13/01</b>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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# FEE TRANSMITTAL

## for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1070.00)

**Complete if Known**

Application Number	
Filing Date	03/13/01
First Named Inventor	Scott Faber, et al.
Examiner Name	
Group Art Unit	
Attorney Docket Number	04704P005

**METHOD OF PAYMENT** (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

Charge Any Additional Fee Required Under 37CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Money Order  Other

**FEE CALCULATION** (continued)**3. ADDITIONAL FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 Surcharge - late filing fee or oath	
127	50	227 Surcharge - late provisional filing fee or cover sheet.	
139	130	139 Non-English specification	
147	2,520	147 For filing a request for ex parte reexamination	
112	920	112 Requesting publication of SIR prior to Examiner action	
113	1,840	113 Requesting publication of SIR after Examiner action	
115	110	215 Extension for response within first month	
116	390	216 Extension for response within second month	
117	890	217 Extension for response within third month	
118	1,390	218 Extension for response within fourth month	
128	1,890	228 Extension for response within fifth month	
119	310	219 Notice of Appeal	
120	310	220 Filing a brief in support of an appeal	
121	270	221 Request for oral hearing	
138	1,510	138 Petition to institute a public use proceeding	
140	110	240 Petition to revive - unavoidably	
141	1,240	241 Petition to revive - unintentionally	
142	1,240	242 Utility issue fee (or reissue)	
143	440	243 Design issue fee	
144	600	244 Plant issue fee	
122	130	122 Petitions to the Commissioner	
123	50	123 Petitions related to provisional applications	
126	180	126 Submission of Information Disclosure Stmt	
581	40	581 Recording each patent assignment per property (times number of properties)	
146	710	246 Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249 For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279 Request for Continued Examination (RCE)	
169	900	169 Request for expedited examination of a design application	
Other fee (specify) _____			

**2. EXTRA CLAIM FEES**

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
40	-20** =	20	X \$18.00 =	360.00
3	-3** =	0	X \$80.00 =	0.00
Multiple Dependent				=

**Large Entity Fee Description****Code (\$)**

103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple Dependent claim
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

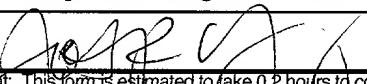
**SUBTOTAL (2)** (\$ 360.00)

\*or number of previously paid, if greater. For Reissues, see above

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$)**SUBMITTED BY**

Complete (if applicable)

Typed or Printed Name	Joseph Lutz, Reg. No. 43,765			Reg. Number	
Signature		Date	03/13/01	Deposit Account User ID	02-2666

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.